This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		IL RIVER CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	
		(City, town, state, zip code)

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Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "com	040649
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list of community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	bbile home parks should be reported in parentheses below the identified
First	CITY OR TOWN CANTON	IL STATE
Community	(IL RIVER CORR)	
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							04064
	SECONDARY TRANSMISSION				-0				
E	In General: The information in s					y transmission :	service of	the cable	
	system, that is, the retransmission	on of television a	and rad	lio broadcasts by	your sy	stem to subscr	bers. Give	e information	
Secondary	about other services (including p	, , ,			,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo svetor	brokon	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	dicated	d—not the numbe	er of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				standa	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system I					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	right-h	and block. A two-	or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		127	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: RATES					
E	In General: Space F calls for rat	`	,	1		, ,			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip	1 0			eu. Lisi	inese other ser		e ionn or a	
		BLOC					1	BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l char	inel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Burg	glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate)		• Rec	onnect		-			
	• Converter		• Disc	connect					
			• Our	let relocation		-			
				let relocation	S	-			

Name	LECAL NAME OF OWNER O			
Nume		OF CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC			04064
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOE-1	59	I	PEORIA, IL
	WEEK-1	25	N	PEORIA, IL
Rows as Necessary	WEEK-1 WHOI-1	25 19	N N	
Rows as Necessary				PEORIA, IL
Rows as Necessary	WHOI-1	19	N	PEORIA, IL PEORIA, IL
Rows as Necessary	WHOI-1 WMBD-1	19 31	N N	PEORIA, IL PEORIA, IL PEORIA, IL
Rows as Necessary	WHOI-1 WMBD-1 WMEC-1	19 31 22	N N E	PEORIA, IL PEORIA, IL PEORIA, IL MACOMB, IL

EGAL NAME OF								SYSTEM 040
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM		LOCATION OF STATION	CALL SIGN	AM or FM	<u>e/D</u>	LOCATION OF STATION	
CALL SIGN	AM OF FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

Name							FUF	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF							SYSTEM ID# 040649
	SUBSTITUTE CARRIAGE							
	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	ision prograr	
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complet	e the progra	ım
	log in block 2.							
	2. LOG OF SUBSTITUTE		-					
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ice, please a of every noi distant stati gulations, o ies like "mo	add additional i nnetwork televi ion and that yo r authorization	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene	program") tha d for the prog eral instruction	it, during th ramming o ns for furthe	e accounting f another sta er informatio	g ation vn.
	Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives	n was broad sign of the s adcast static adian statio nth and day ve "5/7."	station broadca on's location (th ons, if any, the o when your sys	tem carried the substitute p	m. station is lice station is iden program. Use	tified). numerals,	with the mo	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the and regulation mming that y	l program carri listed program ons in effect du	was substituted for progra ring the accounting period	15 p.m. to 6:2 Imming that y ; enter the let	8:30 p.m. s our system ter "P" if the	should be was <i>require</i> listed prog	ed
	WHEN							
	S	UBSTITUT	E PROGRAM					
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOI DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 040649
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	,998.06 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) . 8. Interest charge. Enter the amount from line 4, space Q, page 8 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 040649
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to I number of channels on which	otal number 1 the cable	on which the cable system carried telev of activated channels during the acco	ounting period.	7
	on which the	cable system carried television	broadcast	stations		44
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of accoun		IATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS 3027 S SE LOOP 323			Telephone	(903) 579-3152
	Address	(Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	ent, or suite ni	umber)		
	Email	RODNEY.HASKI	INS@ALTI	CEUSA.COM	Fax (optional	
O Certification	I, the undersigne (Owne (Agent X (Office	d, hereby certify that (Check one r other than corporation or par of owner other than corporati in line 1 of space B and that the	e, <i>but only of</i> rtnership) ion or partn owner is not	d and signed in accordance with Copy <i>ne</i> , of the boxes.) am the owner of the cable system as id hership) I am the duly authorized agent of t a corporation or partnership; or n) or a partner (if a partnership) of the le	lentified in line 1 of space E of the owner of the cable s	ystem as identified
		te, and correct to the best of my	knowledge,	e under penalty of law that all statement information, and belief, and are made in		
			Enter an elec	s/ Alan Dannenbaum ctronic signature on the line above to certi ure using an "/s/ signature" (e.g., /s/ John		
		Typed or printed r	name: A	ALAN DANNENBAUM		
				OGRAMMING sition held in corporation or partnership)		
		Date:			2/25/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	04064
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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